



CITY OF LOWELL

Health Department
341 Pine Street
Lowell, MA 01851
978-970-4010 (Phone)
978-970-4011 (Fax)

APPLICATION FOR BODY ART FACILITY LICENSE

Complete and return this form with \$250.00 registration/renewal fee (made out to: *City of Lowell*) to the above address. Upon satisfactory review of the application and receipt of the license fee, a numbered facility license will be issued by the Lowell Health Department. Such license is valid from January 1st to December 31st.

☐

New Application

☐

Renewal

Facility License Type:

☐ **Body Piercing (only)**

☐ **Tattooing (only)**

☐ **Both**

1. **Body Art Facility Name:** _____

2. **Body Art Facility Address:** _____
Number Street

City State Zip

3. **Body Art Facility Telephone** _____

4. **Mailing Address (if different):** _____

5. **Body Art Facility Applicant:** _____

6. **Name of Owner/Applicant:** _____

7. **Home Address of Owner/Applicant:** _____

8. **Home Telephone # of Owner/Applicant:** _____

9. **If corporation or partnership, list name, title, and home address of officers or partners:** **State of Incorporation** _____
Name Title Home Address

10. **Emergency Response Person: Name** _____ **Home Phone:** _____

11. Facility Hours of Operation: _____

12. Provide the following:

- ☐ a. Scaled plans and specifications of the proposed facility to demonstrate compliance with the Body Art Ordinance at time of original application and upon any change in facility layout.
- ☐ b. Proof of Special Permit issued by the Zoning Board of Appeals under City of Lowell Zoning Code Section 31-32.4.m .
- ☐ c. Evidence of Certificate of Occupany issued by Inspectional Services.
- ☐ d. Provide copy of Business Certificate issued by the Lowell City Clerk under the provisions of MGL c.110 s 5
- ☐ e. Proof of Exposure Plan for the facility meeting all the requirements of OSHA regulations, to include, but not limited to, 29 Code of Federal Regulation 1910.1030 *et seq.*
- ☐ f. Copy of Client Application and Consent Form for Body Art to be used within the Facility.
- ☐ g. Copy of Aftercare Instructions to be used by all practitioners within the Facility.
- ☐ h. Name of waste hauler that services facility: _____
- ☐ i. Name of waste hauler that services facility for contaminated waste & sharps: _____

APPLICANT/BODY ART FACILITY LICENSEE STATEMENT OF CONSENT

I understand that this facility license expires on December 31st of this year. I understand that any notice required to be given by the Lowell Health Department to me may be given by mailing the notice to the place of business. I also understand that I am responsible for contacting the Lowell Health Department with any change of address. I acknowledge that I am responsible for the renewal of this license by December 31st of each year regardless of notice from the Lowell Health Department. I agree to abide by the City of Lowell Regulations promulgated under M.G.L. c111 s.31 governing Body Art,. I agree to have the Body Art Facility License and licenses for all Body Art Practitioners working in the facility conspicuously posted within the establishment at all times. I have read and understood the prohibitions put forth in, but not limited to, sections 10.12, 13.7, 15.09 and 18 of the Lowell Health Department Regulations Governing Body Art.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

Date

Signature

Name and Title (print)

OFFICE USE ONLY Facility Inspection Date _____ Inspected by _____

☐ Approved, Effective Date: _____ License # _____

Fee paid: _____ Check # _____

License Approved: Piercing _____ Tattooing _____ Both _____

☐ Disapproved, Comment: _____